

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 25 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9000
33346 (love)
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Scott Registration District No. 818
Township Springfield Primary Registration District No. 576-E
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

J. L. Rogers
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Rogers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 - 1878

7. AGE YEARS 60 MONTHS 7 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crittton Co. Kentucky

MOTHER 13. NAME John Rogers

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Addie Peck

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. J. L. Rogers (ADDRESS) Blodgett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blodgett, Mo. DATE Aug. 9, 1936

19. UNDERTAKER H. J. Welsh (ADDRESS) Blodgett, Mo.

20. FILED Aug 11 1936 Registrar J. D. Brown

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-7- 1936 to 8-7- 1936
I last saw him alive on 8-7- 1936 Death is said to have occurred on the date stated above, at 3:00 p. m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage

Date of onset 8-7-36

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. S. Love M. D.
(Address) Charleston, Mo.

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